SERFF Tracking Number: QBCL-125636603 State: Arkansas
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number: /

Filing at a Glance

Companies: Southern Guaranty Insurance Company, Southern Pilot Insurance Company, General Casualty Company

of Wisconsin, Regent Insurance Company

Product Name: AR Workers Compensation SERFF Tr Num: QBCL-125636603 State: Arkansas

Rate/Rule

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$100 Sub-TOI: 16.0004 Standard WC Co Tr Num: 070108 10851K State Status: Fees received

Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler

Disposition Date: 05/28/2008

Authors: Sara Zastrow, Jennifer

Kleeman

Date Submitted: 05/28/2008 Disposition Status: Approved

Effective Date Requested (New): 07/01/2008 Effective Date (New): 07/01/2008

Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The intent of this filing is to seek approval to adopt the NCCI Voluntary Advisory Loss Costs and Rating Values – Item #

AR-2008-02 - effective July 1, 2008.

SERFF Tracking Number: OBCL-125636603 State: Arkansas State Tracking Number: First Filing Company: EFT \$100 Southern Guaranty Insurance Company, ...

Company Tracking Number: 070108 10851K

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number:

Company and Contact

Filing Contact Information

Jennifer Kleeman, C/L Operations System jennifer.kleeman@generalcasualty.com

Technician

One General Drive (608) 825-5870 [Phone] Sun Prairie, WI 53596 (608) 825-5100[FAX]

Filing Company Information

CoCode: 19178 State of Domicile: Wisconsin Southern Guaranty Insurance Company One General Drive Group Code: 796 Company Type: Property and

Casualty

Sun Prairie, WI 53596 Group Name: State ID Number:

FEIN Number: 63-0350861 (608) 837-4440 ext. [Phone]

Southern Pilot Insurance Company CoCode: 22861 State of Domicile: Wisconsin

One General Drive Group Code: 796 Company Type: Property and

Casualty

Sun Prairie, WI 53596 Group Name: State ID Number:

(608) 837-4440 ext. [Phone] FEIN Number: 56-0773056

General Casualty Company of Wisconsin CoCode: 24414 State of Domicile: Wisconsin

One General Drive Group Code: 796 Company Type: Property and

Casualty

Sun Prairie, WI 53596 Group Name: State ID Number:

(608) 837-4440 ext. [Phone] FEIN Number: 39-0301590

CoCode: 24449 State of Domicile: Wisconsin Regent Insurance Company One General Drive

Group Code: 796 Company Type: Property and

Casualty

Sun Prairie, WI 53596 Group Name: State ID Number:

(608) 837-4440 ext. [Phone] FEIN Number: 39-6062860

Filing Fees

SERFF Tracking Number: QBCL-125636603 State: Arkansas

First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number: /

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: \$100.00 per submission

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION # 20542234 Southern Guaranty Insurance Company \$100.00 05/28/2008 Southern Pilot Insurance Company \$0.00 05/28/2008 General Casualty Company of Wisconsin \$0.00 05/28/2008 Regent Insurance Company \$0.00 05/28/2008

 SERFF Tracking Number:
 QBCL-125636603
 State:
 Arkansas

 First Filing Company:
 Southern Guaranty Insurance Company, ...
 State Tracking Number:
 EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/28/2008	05/28/2008

 SERFF Tracking Number:
 QBCL-125636603
 State:
 Arkansas

 First Filing Company:
 Southern Guaranty Insurance Company, ...
 State Tracking Number:
 EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number: /

Disposition

Disposition Date: 05/28/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Southern Guaranty Insurance Company	5.110%	\$-47,599	181	\$555,272	0.000%	%	0.000%
Southern Pilot Insurance Company	-7.900%	\$153	1	\$3,145	0.000%	%	0.000%
General Casualty Company of Wisconsin	7.390%	\$-2,920	25	\$36,588	0.000%	%	0.000%
Regent Insurance Company	4.760%	\$316	7	\$6,951	0.000%	%	0.000%

Overall Rate Information for Multiple Company Filings Overall Percentage Rate Indicated For This Filing

0.000%

SERFF Tracking Number: QBCL-125636603 State: Arkansas

First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number:

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$-50,050

Effect of Rate Filing - Number of Policyholders Affected 214

 SERFF Tracking Number:
 QBCL-125636603
 State:
 Arkansas

 First Filing Company:
 Southern Guaranty Insurance Company, ...
 State Tracking Number:
 EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number:

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Propert	y &Approved	Yes
•	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Approved	Yes
0	Workers' Compensation		
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	state exception page	Approved	Yes

 SERFF Tracking Number:
 QBCL-125636603
 State:
 Arkansas

 First Filing Company:
 Southern Guaranty Insurance Company, ...
 State Tracking Number:
 EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.00 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Prior approval

Neutral

0.000%

06/07/2007

prior approval

Company Rate Information

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Premium:	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders		Change (where	Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
Southern Guaranty	0.000%	5.110%	\$-47,599	181	\$555,272	0.000%	%
Insurance Company							
Southern Pilot Insurance	0.000%	-7.900%	\$153	1	\$3,145	0.000%	%
Company							
General Casualty	0.000%	7.390%	\$-2,920	25	\$36,588	0.000%	%
Company of Wisconsin							
Regent Insurance	0.000%	4.760%	\$316	7	\$6,951	0.000%	%
Company							

SERFF Tracking Number: QBCL-125636603 State: Arkansas

First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.00 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number: /

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:

Overall Percentage Rate Impact For This Filing:

Effect of Rate Filing - Written Premium Change For This Program: \$-50,050

Effect of Rate Filing - Number of Policyholders Affected: 214

SERFF Tracking Number: QBCL-125636603 State: Arkansas
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number: /

Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments
#: Number:

Approved state exception page page 1 Replacement AR Work Comp GCW

State Exceptions

070108.pdf AR Work Comp Regent State Exceptions 070108.pdf

Arkansas

I. Rules

All policies will be issued using the rules published by the National Council on Compensation Insurance in the Basic Manual for Workers Compensation and Employers Liability Insurance.

II. Forms

Policies will be issued with standard coverage forms published by the National Council on Compensation Insurance or the appropriate state bureau. Independently filed, noncoverage forms such as policy jackets and dividend distribution forms may be used.

III. Foreign Coverage

Voluntary Workers' Compensation Coverage is available to employees that you hire within the limits of the United States of America while they are traveling or temporarily residing outside of the U.S. for a period of 90 days or less. Coverage will be provided by the addition of form WC 48 06 03 to the policy.

Premium shall be determined on the basis of the Workers' Compensation rules, classifications and rates published in the manuals that we use for the state Workers' Compensation law designated in the schedule on the endorsement.

Excess Repatriation Expense coverage will be provided for no additional premium. The limits for this coverage will be \$10,000 for each employee and \$50,000 for each accident.

IV. Rates and Rating Values

A. Final Rates

To determine a final rate for a classification, apply the following loss cost multipliers to the current Advisory Loss Costs published for this state by the National Council on Compensation Insurance and round to the nearest \$0.01:

Loss Cost Multipliers:

Class 7720 - 1.61 All Other Classes - 1.44

B. Alcohol and Drug Free Workplace Premium Credit factor: .05

C. Premium Reduction for Employers Electing Deductibles

To determine the premium reduction for employers electing a deductible, apply the following factor to the Advisory Loss Cost Elimination Rations published for this state by the National Council on Compensation Insurance.

Loss Elimination Ratio Conversion Factor: .78

D. Minimum Premium

Refer to the Basic Manual Rule 3-A-16 for application of minimum premiums. To determine the minimum premium for a classification, use the following formula and round the result to the nearest \$1.00:

(Rate) x (Minimum Premium Multiplier) + (Expense Constant)

Minimum Premium Multiplier: \$135 Maximum Minimum Premium: \$750

E. Premium Discount Percentages

The following premium discounts are applicable to Standard Premiums (see Basic Manual Rule 3-A-19):

First \$ 10,000 - 0% Next \$ 190,000 - 9.1% Next \$1,550,000 - 11.3% Over \$1,750,000 - 12.3%

F. Expense Constant

The Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 is **\$160**.

V. Waiver of Premium

Additional and Return Premiums of \$15.00 or less will be waived unless the insured requests return of the amount.

Arkansas

I. Rules

All policies will be issued using the rules published by the National Council on Compensation Insurance in the Basic Manual for Workers Compensation and Employers Liability Insurance.

II. Forms

Policies will be issued with standard coverage forms published by the National Council on Compensation Insurance or the appropriate state bureau. Independently filed, noncoverage forms such as policy jackets and dividend distribution forms may be used.

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IV. Rates and Rating Values

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Loss Cost Multiplier: 1.44

B. Alcohol and Drug Free Workplace Premium Credit factor: .05

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(Rate) x (Minimum Premium Multiplier) + (Expense Constant)

Minimum Premium Multiplier: \$135 Maximum Minimum Premium: \$750

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F. Expense Constant

The Expense Constant applicable in accordance with Basic Manual Rule 3-A-11 is **\$160**.

V. Waiver of Premium

Additional and Return Premiums of \$15.00 or less will be waived unless the insured requests return of the amount.

VI. Participating Dividend Plans

The declaration of any dividend is subject to the approval of the Board of Directors of the Regent Insurance Company. Accordingly, a dividend cannot be guaranteed, and the estimated annual premium cannot reflect any estimated dividend reduction.

Dividends are not earned if:

- The loss ratio exceeds the maximum allowable percentage under the plan selected;
- B. The amount of the dividend is less than \$10.00;
- C. Upon audit, the net earned premium is less than the lowest premium level category in the plan selected:
- Any premiums billed for the policy term, including audits, are not paid;
- E. The policy has been in force less than one year, unless cancelled by the company for reasons other than non-payment of premium.

Arkansas

Dividend Plans

Sliding Scale Plan C1-A* (DV Code X1)

Loss Ratio>	0.000- 0.050	0.051- 0.100	0.101- 0.150	0.151- 0.200	0.201- 0.250	0.251- 0.300	0.301- 0.350	0.351- 0.400	0.401- 0.450	0.451- 0.500
Premium										
Range	Divide	nd Facto	r							
\$ 1,000 - \$ 2,500	0.12	0.12	0.10	0.10	0.07	0.07	0.05	0.05	0.03	0.03
\$ 2,501 - \$ 5,000	0.13	0.13	0.11	0.11	0.08	0.08	0.06	0.06	0.04	0.04
\$ 5,001 - \$10,000	0.15	0.15	0.12	0.12	0.09	0.09	0.07	0.07	0.05	0.05
\$10,001 - \$15,000	0.17	0.17	0.13	0.13	0.10	0.10	0.08	0.08	0.06	0.06
\$15,001 - \$25,000	0.19	0.19	0.15	0.15	0.11	0.11	0.09	0.09	0.08	0.08
\$25,001 - \$50,000	0.23	0.23	0.18	0.18	0.12	0.12	0.11	0.11	0.09	0.09
For premiums greater the *Not applicable to polici			•	•	trospectiv	e Rating	Plan.			

Sliding Scale Plan C2-A* (DV Code X2)

Loss Ratio>	0.000- 0.050	0.051- 0.100	0.101- 0.150	0.151- 0.200	0.201- 0.250	0.251- 0.300	0.301- 0.350	0.351- 0.400	0.401- 0.450	0.451- 0.500
Premium										_
Range	Divider	nd Facto	ſ							
\$25,000 - \$50,000	0.12	0.12	0.10	0.10	0.08	0.06	0.04	0.02	0.00	0.000
For premiums greater tha *Not applicable to policies					trospectiv	e Rating	Plan.			

Nonparticipating Plan (DV Code T6)

SERFF Tracking Number: QBCL-125636603 State: Arkansas
First Filing Company: Southern Guaranty Insurance Company, ... State Tracking Number: EFT \$100

Company Tracking Number: 070108 10851K

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR Workers Compensation Rate/Rule

Project Name/Number:

Supporting Document Schedules

Review Status:

Approved

05/28/2008

Property & Casualty

Uniform Transmittal Document-

Comments:

Attachment:

P & C trans.pdf

Satisfied -Name:

Review Status:

Satisfied -Name: NAIC Loss Cost Filing Document Approved 05/28/2008

for Workers' Compensation

Comments: Attachments:

AR Expense Constant Supplement and LCM calculation - GCW.pdf

AR Expense Constant Supplement and LCM calculation - Regent.pdf

AR Expense Constant Supplement and LCM calculation - SGIC.pdf

AR Expense Constant Supplement and LCM calculation - SPIC.pdf

Review Status:

Satisfied -Name: NAIC loss cost data entry document Approved 05/28/2008

Comments: Attachments:

Loss Cost data-GCW.pdf

Loss Cost data-Regent.pdf

Loss Cost data-SGIC.pdf

Loss Cost data-SPIC.pdf

Property & Casualty Transmittal Document

1 1	Reserved for Insurance Dept. U	se Only	2. In	surance [Janartment III	sa only				
		oo o,	Insurance Department Use only a. Date the filing is received:							
			b. Analyst:							
				c. Disposition:d. Date of disposition of the filing:						
				<u> </u>	te of filing:	iirig.				
			e. Ei							
				New Bu						
			(0)		al Business					
				ate Filing						
			<u>-</u>	RFF Filin	<u> </u>					
			h. Sı	ıbject Cod	es					
3.	Group Name					Group	NAIC#			
	QBE					076				
4.	Company Name(s)			Domicile	e NAIC#	FEIN#	State #			
	General Casualty of Wisconsir	າ		WI	24414	39-				
	Control Caddaily of Wildonian	•		• • • • • • • • • • • • • • • • • • •	21111	0301590				
	Regent Insurance Company			WI	24449	39-				
						6062860				
	Southern Guaranty Insurance	Company		WI	19178	63-				
	Couthorn Dilat Inquirance Com	2001		WI	22861	0350861 56-				
	Southern Pilot Insurance Com	pany		VVI	22001	0773056				
						0110000				
5	Company Tracking Number		07010	8 10851K						
	ntact Info of Filer(s) or Corpo	rate Ottice	r(s) linclud	a tall_traa	numharl					
6.	Marsa and address			e toll-free						
		Title	Telep	hone #s	FAX#		mail			
	Jennifer Kleeman	Title Operations	Telep	hone #s		jennifer.k	kleeman@			
		Title	Telep 608-82	hone #s	FAX#	jennifer.k				
	Jennifer Kleeman One General Drive	Title Operations System	Telep 608-82	hone #s	FAX#	jennifer.k generalc	kleeman@			
	Jennifer Kleeman One General Drive	Title Operations System	Telep 608-82	hone #s	FAX#	jennifer.k generalc	kleeman@			
	Jennifer Kleeman One General Drive	Title Operations System	Telep 608-82	hone #s	FAX#	jennifer.k generalc	kleeman@			
7.	Jennifer Kleeman One General Drive Sun Prairie WI 53596	Title Operations System	Telep 608-82	hone #s	FAX#	jennifer.k generalc	kleeman@			
	Jennifer Kleeman One General Drive Sun Prairie WI 53596 Signature of authorized filer	Title Operations System Technician	Telep 608-82	hone #s 5-5870	FAX # 608-825-5100	jennifer.k generalc	kleeman@			
8.	Jennifer Kleeman One General Drive Sun Prairie WI 53596 Signature of authorized filer Please print name of authorize	Title Operations System Technician	Telep 608-82	hone #s 5-5870 er Kleemar	FAX # 608-825-5100	jennifer.k generalc	kleeman@			
8. Filir	Jennifer Kleeman One General Drive Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized ng information (see General I	Title Operations System Technician	Jennife for descrip	hone #s 5-5870 er Kleemar tions of the	FAX # 608-825-5100	jennifer.k generalc	kleeman@			
8. Filir 9.	Jennifer Kleeman One General Drive Sun Prairie WI 53596 Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI)	Title Operations System Technician ed filer	Jennife for descrip Workers C	tions of the	FAX # 608-825-5100	jennifer.k generalc	kleeman@			
8. Filir 9. 10.	Jennifer Kleeman One General Drive Sun Prairie WI 53596 Signature of authorized filer Please print name of authorized ng information (see General I	Title Operations System Technician ed filer Instructions	Jennife for descrip	tions of the	FAX # 608-825-5100	jennifer.k generalc	kleeman@			
8. Filir 9. 10. 11.	Jennifer Kleeman One General Drive Sun Prairie WI 53596 Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req	Title Operations System Technician ed filer Instructions p-TOI) (s) (if uirements]	Jennife for descrip Workers C	tions of the	FAX # 608-825-5100	jennifer.k generalc	kleeman@			
8. Filir 9. 10. 11.	Jennifer Kleeman One General Drive Sun Prairie WI 53596 Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Mai	Title Operations System Technician ed filer Instructions p-TOI) (s) (if uirements]	Jennife for descrip Workers C Standard V	er Kleemar tions of the ompensat	FAX # 608-825-5100	jennifer.k generalc m	kleeman@ rasualty.co			
8. Filir 9. 10. 11.	Jennifer Kleeman One General Drive Sun Prairie WI 53596 Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code(applicable)[See State Specific Req	Title Operations System Technician ed filer Instructions p-TOI) (s) (if uirements]	Jennife for descrip Workers C Standard V	er Kleemar tions of the ompensat VC	FAX # 608-825-5100 n ese fields) ion Rules	jennifer.k generald m	kleeman@ rasualty.co			
8. Filir 9. 10. 11.	Jennifer Kleeman One General Drive Sun Prairie WI 53596 Signature of authorized filer Please print name of authorize ng information (see General I Type of Insurance (TOI) Sub-Type of Insurance (Sub State Specific Product code applicable)[See State Specific Req Company Program Title (Mai	Title Operations System Technician ed filer Instructions p-TOI) (s) (if uirements]	Jennife for descrip Workers C Standard \(\)	er Kleemar tions of the ompensat VC	FAX # 608-825-5100	jennifer.k generalc m Rates/Rules/Rules/Form	kleeman@ rasualty.co			

Effective March 1, 2007 15. Reference Filing? Yes No 16. Reference Organization (if applicable) 17. Reference Organization # & Title 18. Company's Date of Filing 05/28/2008 19. Status of filing in domicile Not Filed Pending Authorized Disapproved **Property & Casualty Transmittal Document—** 20. This filing transmittal is part of Company Tracking # 070108 10851K 21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is freeform text] The intent of this filing is to seek approval to adopt the NCCI Voluntary Advisory Loss Costs and Rating Values – Item # AR-2008-02 – and to change the following items described below, both effective July 1, 2008.

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Filing Fees (Filer must provide check # and fee amount if applicable)

tive March 1, 2007
Check #: Amount:
FT The state of th
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.
F

^{***}Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

	General Casualty Company of		
Insurer Name:	Wisconsin	Date:	
NAIC Number:	076-24414	_	

ARKANSAS

EXPENSE CONSTANT SUPPLEMENT

	ine, Subline, Coverage, Territory, Class, etc. combinatio Workers' Compensation				
2.	Loss Cost Modification: A. The insurere herby files to adopt the prospective los (CHECK ONE) x Without modification (factor = 1.000) With the following modification(s).	ss costs in t	he cap	tioned reference fi	iling:
	B. Loss Cost Modfication expressed as a Factor:				1.00
3.	Development of Expected Loss Ratio. (Attach exhibit de information.)	etailing insu	rer exp	ense data and/or	other supporting
			5	Selected Provisions	S
		Overall		Variable	Fixed
	A. Total Production Expense	12.8		12.8	
	B. General Expense	5.5		2.75	2.75
	C. Taxes, Licenses & Fees	8.7		8.7	
	D. Underwriting Profit & Contingencies	6.14		6.14	
	E. Other (explain)				
	F. TOTAL	33.14		30.39	2.75
4.	 A. Expected Loss Ratio: ELR=100% - Overall 3F = B. ELR expressed in decimal form = C. Variable Expected Loss Ratio VELR=100% - Variable D. VELR in decimal form 	0.67 Dle 3F =	_ _ _ =		
5.	Formula Expense Constant: $[(1.00 \div 4B) - (1.00 \div 4D)] \times Average Underlying Lo.$	ss Cost	=		233.56
	Formula Variable Loss Cost Multiplier: (2B ÷ 4D)		=		1.44
ŝ.	Selected Expense Constant =				160
	Selected Variable Loss Cost Multiplier =				
7.	Explain any difference between 5 and 6:				
8.	Rate level change for the coverages to which this page	applies			%

12 5

Insurer Name:	Regent Insurance Company	Date: _	
NAIC Number:	076-24449		

ARKANSAS

EXPENSE CONSTANT SUPPLEMENT

	Vorkers' Compensation				
	Loss Cost Modification: A. The insurere herby files to adopt the prospective los (CHECK ONE) Without modification (factor = 1.000) With the following modification(s).	s costs in t	he cap	tioned reference fi	iling:
E	3. Loss Cost Modfication expressed as a Factor:				1.00
	Development of Expected Loss Ratio. (Attach exhibit de nformation.)	tailing insu	rer exp	ense data and/or	other supporting
			5	Selected Provision	
		Overall		Variable	Fixed
	A. Total Production Expense	13.2	_	13.2	
	B. General Expense	5.5	_	2.75	2.75
_	C. Taxes, Licenses & Fees	8.7	_	8.7	
_	D. Underwriting Profit & Contingencies	6.14	_	6.14	-
	Cother (explain)		_		-
ŀ	TOTAL	33.54	_	30.79	2.75
ļ. <i>i</i>	A. Expected Loss Ratio: ELR=100% - Overall 3F =	66			
	B. ELR expressed in decimal form =	0.66	_		
	C. Variable Expected Loss Ratio VELR=100% - Variab		_	69	
	Valiable Expected Eoss Ratio VEER=10070 Valiable VELR in decimal form	10 01 –	=	0.69	
	o. VEER III decimal form		_	0.03	
i. F	Formula Expense Constant:				
	$[(1.00 \div 4B) - (1.00 \div 4D)]$ x Average Underlying Los	ss Cost	=		236.32
	Formula Variable Loss Cost Multiplier: (2B ÷ 4D)		=		1 11
ı	official variable Loss Cost Multiplier. (25 ÷ 40)		_		1.44
5. 5	Selected Expense Constant =				160
9	Selected Variable Loss Cost Multiplier =				
'. E	Explain any difference between 5 and 6:				
_					
-					
_					
3. F	Rate level change for the coverages to which this page	annlies			%

Insurer Name:	Southern Guaranty Insurance	Date:
NAIC Number:	076-19178	•

ARKANSAS

EXPENSE CONSTANT SUPPLEMENT

F	Loss Cost Modification: A. The insurere herby files to adopt the prospective los (CHECK ONE) Without modification (factor = 1.000) With the following modification(s).	es costs in th	ne cap	tioned reference f	iling:
	B. Loss Cost Modfication expressed as a Factor:				1.00
	Development of Expected Loss Ratio. (Attach exhibit de nformation.)	tailing insur	er exp	ense data and/or	other supporting
	mormation.)		S	elected Provision	S
		Overall		Variable	Fixed
	A. Total Production Expense	13.9		13.9	
	B. General Expense	5.5		2.75	2.75
	C. Taxes, Licenses & Fees	8.7	_	8.7	
	D. Underwriting Profit & Contingencies	6.14	_	6.14	
	E. Other (explain)		_		
	F. TOTAL	34.24	_	31.49	2.75
	A. Expected Loss Ratio: ELR=100% - Overall 3F = B. ELR expressed in decimal form = C. Variable Expected Loss Ratio VELR=100% - Variable D. VELR in decimal form	66 0.66 ele 3F =	- - =	69 0.69	
5.	Formula Expense Constant: [(1.00 ÷ 4B) - (1.00 ÷ 4D)] x Average Underlying Los	ss Cost	=		241.28
	Formula Variable Loss Cost Multiplier: (2B ÷ 4D)		=		1.46
S	Selected Expense Constant =				
	Selected Variable Loss Cost Multiplier =				
7	Explain any difference between 5 and 6:				
-					
- 3.	Rate level change for the coverages to which this page	annlies			%

		Name: Southern Pilot Insurance umber: 076-22861	Date:								
		ARKA	NSAS								
		EXPENSE CONSTA	ANT SUI	PPLE	MENT						
1. l		CALCULATION OF COMPANY LOSS COST Subline, Coverage, Territory, Class, etc. combinatio kers' Compensation	_			TANTS					
2.	A. x	s Cost Modification: The insurere herby files to adopt the prospective los (CHECK ONE) Without modification (factor = 1.000) With the following modification(s).	ss costs in t	he capt	ioned reference filin	ıg:					
	В.	Loss Cost Modfication expressed as a Factor:				1.00					
3.		elopment of Expected Loss Ratio. (Attach exhibit dermation.)	etailing insu	rer expe	ense data and/or oth	ner supporting					
		a.o.n,		S	elected Provisions						
	Α.	Total Production Expense	Overall 18.1		Variable _{18.1}	Fixed					
		General Expense	4		2	2					
		Taxes, Licenses & Fees	2.2	_	2.2						
		Underwriting Profit & Contingencies	6.14		6.14						
		Other (explain)				·					
	۲.	TOTAL	30.44		28.44	2					
4.	B. C.	Expected Loss Ratio: ELR=100% - Overall 3F = ELR expressed in decimal form = Variable Expected Loss Ratio VELR=100% - Variable VELR in decimal form	70 0.70 ble 3F =	_ _ _ = .	72 0.72						
5.		nula Expense Constant: [(1.00 ÷ 4B) - (1.00 ÷ 4D)] x Average Underlying Lo	ss Cost	=		158.82					
	Forn	nula Variable Loss Cost Multiplier: (2B ÷ 4D)		=		1.40					
6.	Sele	ected Expense Constant =				160					
	Sele	ected Variable Loss Cost Multiplier =									

7. Explain any difference between 5 and 6:

NAIC LOSS COST DATA ENTRY DOCUMENT

1. Th	nis filing tr	ransmit	tal is p	art of Com	npany Trackii	ng #		010	108 10775K						
								1							
						n loss cost filing Item Filing Num		AR-2008-02							
		•													
				Comp	any Name					Comp	oan	y NAIC Number			
3. A.	Genera	al Casua	alty of	Wisconsin	1			В.	0796-2441	4					
	Droduc	at Codin	a Matr	iv Lina of I	Rucinoce (i o	., Type of Insura	nnco)	Dro	duct Coding	Matrix Lina of In	SUIT	ance (i.e., Sub-type of	Incuron	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	•		_		business (i.e	., Type of illsura	arice)				Suic	ance (i.e., Sub-type of	IIISUIAI	ice)	
4. A.	Worker	rs Comp	pensat	tion				B.	Workers Co	ompensation					
_															
5.	(A)					1				FOR LOSS COS	TC	ONLV			
	(A) (B) (C) (D)							(E)	(F)	113	(G)		(H)		
CO	COVERAGE			icated	Requested				Loss Cost	Selected				o. Current	
(See Instructions)				% Rate Expecte		ed	Modification		Loss Cost		Constant	Loss Cost			
				Change	Level Chang	e Loss Ra	atio		Factor	Multiplier		(If Applicable)	ľ	Multiplier	
Workers	Compens	sation	7.	.39%	7.39%	67			1.00	1.44		160		1.44	
TOTAL	OVERALL	L													
EFFECT															
6.	5	Year Hi	story	Rat	e Change His						_	7.			
				% of	Effective	State Earned	Incurr	ed	State Loss	Countrywide				Selected	
Yea	r P	Policy Co	ount	Change	Date	Premium	Loss		Ratio	Loss Ratio		Expense Consta	nts	Provisions	
				•		(000)	(000	,							
2007		25		0	10/01/07	44,252	(56,92		-1.29	46.9		A. Total Production Exp	pense	12.8	
2007		25		0	07/01/07	44,252	(56,92		-1.29	46.9		B. General Expense		5.5	
2007		25		-4.48%	06/01/07	44,252	(56,92		-1.29	46.9		C. Taxes, License & Fe	ees	8.7	
2006	-	19		0	na	90332	2204		24.4	56.0		D. Underwriting Profit			
2005	5	25		47.69%	07/01/05	30410	(305	3)	-10.0	50.7		& Contingencies		6.14	
												E. Other (explain)		00.44	
											L	F. TOTAL		33.14	

8.	Apply Lost Cost Factors to Future filings? (Y or N)	
9.	Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): NA	
10.	Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): NA	

PC RLC

MAIC LOSS COST DATA ENTRY DOCUMENT

						NAIC LUSS (JUST DA	IAENIKIL	OCCUMENT				
1.	This	filing tran	smittal is p	part of Com	npany Trackii	ng #	01	0108 10775K					
	If fili	ng is an a	doption of	an advisor	y organizatio	on loss cost filing	ı, give	2 0000 00					
2.						Item Filing Num		R-2008-02					
				Comp	any Name				Com	pan	ny NAIC Number		
3.	A.	Regent In	surance C	company	•		В	. 0796-2444	19	•	•		
		D		(a) 12 ()	D -: (' -	T (1	\		March Line of L			1	
4	1				Business (i.e	e., Type of Insura	ance) Pi		Matrix Line of Incompensation	nsur	ance (i.e., Sub-type of	insurar	ice)
4.	Α.	vvoikeis	Compensa	llion			В	. Workers C	ompensation				
5.													
		(A)		(D)	(0)	(5)		(E)	FOR LOSS COS	STS		т	(1.1)
	COV	ERAGE Indicated		(B)	(C) Requested	(D)		(E) Loss Cost	(F) Selected	1	(G) Expense	_	(H) o. Current
		structions)	%	6 Rate	% Rate	Expecte	ed	Modification	Loss Cos		Constant		oss Cost
				l Change	Level Chang		itio	Factor	Multiplier	r	(If Applicable)	<u> </u>	Multiplier
Wo	rkers C	ompensation	on 4	1.76%	4.76%	66		1.00	1.44		160		1.44
	TAL O'	VERALL											
6.		5 Ye	ar History	Rat	e Change His			_			7.		
	Year	Poli	cy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio		Expense Consta		Selected Provisions
	2007		7	0	10/01/07	6582	(9486)	-1.44	53.5		A. Total Production Exp	ense	13.2
	2007		7	0	07/01/07	6582	(9486)	-1.44	53.5		B. General Expense		5.5

(9486)

(988)

9207

-1.44

-20.9

79.7

53.5

63.9

43.8

5.5

8.7

6.14

33.54

C. Taxes, License & Fees

D. Underwriting Profit

& Contingencies

E. Other (explain) F. TOTAL

8.	Apply Lost Cost Factors to Future filings? (Y or N)
9.	Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): NA
10.	Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): NA

6582

4770

11546

PC RLC

2007

2006

2005

7

7

6

11.09

0

1.88

06/01/07

na

07/01/05

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	Thi	s filing transn	nittal is r	part of Con	npany Tracki	na #		010	108 10775K						
	1	o ming transit	iittai io j		ipariy rradia	g <i>n</i>	i	0.0	100 1011011						
2.						on loss cost filing Item Filing Num		AR-	2008-02						
	Г			Comp	any Name		I			Comp	anv	NAIC Number			
3.	Α.	Southern Gu	oronty					B. 0796-19178							
ა.	A.	Southern Gt	laranty	insurance	Company			В. 0790-19176							
	Ī	Product Coc	ing Mat	rix I ine of	Business (i e	., Type of Insura	nce)	Pro	duct Coding	Matrix Line of Ins	urar	nce (i.e., Sub-type of	Insurar	nce)	
4.	A.	Workers Co			<u> </u>	., . , , , , , , , , , , , , , , , , ,		В.	1	ompensation	<u>u.u.</u>	iee (iiei, eas type ei	modran	.00/	
	1	Tronkoro Co	пропос						Tronkoro o	omponounon					
5.															
		(A)		(-)	(2)	(=)	1			FOR LOSS COS	TS O			4.0	
	CO	VERAGE	Inc	(B) dicated	(C) Requested	(D)			(E) Loss Cost	(F) Selected		(G) Expense	C	(H) o. Current	
		nstructions)		Rate	% Rate	Expecte	ed		Modification	Loss Cost		Constant		oss Cost	
	•	•		l Change	Level Chang	ge Loss Ra			Factor	Multiplier	(If Applicable)		Multiplier		
Wo	rkers (Compensation	5	.11%	5.11%	66			1.00	1.46		180		1.46	
TO	TALC	OVERALL													
	FECT	OVERALL													
				1											
6.		5 Year	History	Rat	te Change His						_ 7	7.			
				% of	Effective	State Earned		Incurred State L		Countrywide				Selected	
	Year	Policy	Count	Change	Date	Premium	Losse		Ratio	Loss Ratio		Expense Consta	nts	Provisions	
	2007	18	:1	0	10/07/07	(000) 773,928	(000 949,89	,	-1.23	88.3		A. Total Production Exp	ense	13.9	
	2007	18		0	07/01/07	773,928	949,98		-1.23	88.3		B. General Expense	701100	5.5	
	2007	18		-77.69	06/01/07	773,928	949,89		-1.23	88.3		C. Taxes, License & Fe	es	8.7	
	2006	18	1	0	na	905,715	675,49	92	74.6	53.8		D. Underwriting Profit			
	2005	20	7	12.83%	04/01/05	892,313,	422,73	32	47.4	4932		& Contingencies		6.14	
												Other (explain)			
											LF	. TOTAL		34.24	
8.		Apply Los	t Cost F	actors to F	uture filings	? (Y or N)									
9.		Estimated	Maxim	um Rate In	crease for a	ny Insured (%). T									
10.						any Insured (%) -									

PC RLC

NAIC LOSS COST DATA ENTRY DOCUMENT

	n adoption of												
Tiame of Ac				n loss cost filing Item Filing Num		AR-	2008-02						
		any Name					Compa	any	NAIC Number				
3. A. Southe	ern Pilot Insur	ance Comp	oany			В.	0796-2286	1	•				
Produc	et Coding Mat	rix Line of	Business (i e	., Type of Insura	ance)	Proc	duct Coding	Matrix Line of Ins	uran	ice (i.e., Sub-type of	Insurar	nce)	
	rs Compensa		<u> </u>	., . , po oou.o		В.		ompensation	urur	ies (iisi, sus type ei	mourai	.00/	
5.					Į.		l						
(A)								FOR LOSS COST	rs o				
COVERAGE (See Instruction	ns) %	(B) dicated Rate I Change	(C) Requested % Rate Level Chang	Expecte	ected		(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	Constant L		(H) Co. Current Loss Cost Multiplier		
Workers Compens	sation -	7.90	-7.90	70			1.00	1.40	180			1.40	
TOTAL OVERALL EFFECT	_												
6. 5	Year History	Rat	e Change His	torv					7	'.			
	Policy Count	% of Effective Pr		State Earned Premium (000)	Premium Losses		State Loss Ratio	Countrywide Loss Ratio	e Evpense Cons		nts	Selected Provisions	
2007	1	0	10/01/07	2942	12360		4.20	1.29		A. Total Production Exp	ense	18.1	
2007	1	0	07/01/07	2942	12360		4.20	1.29		B. General Expense		4	
2007	1	0	06/01/07 na	2942 259	12360 0	J	4.20 0	1.29 99.8		C. Taxes, License & Fe D. Underwriting Profit	es	2.2	
2005	<u> </u>	0	04/01/05	259	0		0	74.3		& Contingencies		6.14	
2000	•		0 1/0 1/00	, , ,				, 1.0	E	. Other (explain)		3.11	
										TOTAL		30.44	

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